

**WOODROW WILSON REHABILITATION CENTER
PRE-ADMISSION PLAN**

NAME:
SS#:

WWRC#:
DOB:

BACKGROUND INFORMATION:

REASON FOR REFERRAL TO CENTER:

DISABILITY/FUNCTIONAL LIMITATIONS (i.e. independent living skills, etc.):

SPONSOR/INSURANCE:

BEHAVIOR/EMOTIONAL/LEGAL ISSUES:

ACCOMMODATIONS:

MEDICATIONS:

HOME/FAMILY:

EDUCATIONAL HISTORY:

WORK/VOLUNTEER HISTORY:

PRE-ADMISSION PLAN

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PREVIOUS REHAB EXPERIENCES:

PREVIOUS TESTING:

LIVING SITUATION:

Driver's license:

Glasses:

Hearing aid:

CAMPUS HOUSING RECOMMENDED:

PERSONAL MANAGEMENT STATUS:

PROGRAM PLANNING:

DISCHARGE PLAN:

ADDITIONAL COMMENTS:

CLIENT GOALS:

SPONSOR GOALS:

SERVICES NEEDED:

PROGRAM PLANNING AGREED UPON BY SPONSOR : Date:

REVIEWED BY:

Date:

Medical Records